



Overtime Inspection Request

BUILDING DEPARTMENT

Revision Date: 1/28/2020

Form I.D. Number: 044.0

(PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM)

1. After-hours (Overtime) inspections may be requested for any day or time **outside** the department's normal inspection hours of operation which are Monday-Thursday 8am-3:30pm and Friday 8am-1pm.
2. Requests may be submitted in person at our One Stop Shop (address below) or by email buildingpermits@coralsprings.org. If sending email, please state "**OVERTIME INSPECTION REQUEST**" in the subject line. All requests for overtime inspections are to be submitted with a completed Credit Card Authorization Form as the minimum fee will be charged at the time your inspection is scheduled. **Overtime inspections will not be scheduled until the minimum fee is paid.**
3. Overtime inspection fees are \$91.31 per hour per inspection requested. Depending on your requested day and time, there is either a 2-hour minimum fee (if the requested inspection day and time falls within 1 hour of normal inspection hours of operation) or a 3-hour minimum fee (for all other requested inspection days and times, including weekends and holidays.) **Note: Should your inspection take longer than the 2 or 3 hour minimum, the additional time will be charged in 30 minute increments. Please note your inspection will not be resulted until all overtime inspection fees are paid in full.**
4. **All requests are subject to inspector availability;** you will be contacted if your request is accepted and your overtime inspection is scheduled.
5. Cancellations/Rescheduling requests must be made **before** your scheduled overtime inspection & **before** the close of normal inspection hours on the day of your requested overtime inspection in order for the minimum fee to be refunded (in the case of a cancellation) or applied to your rescheduled date (if the overtime inspection is being changed to another date or time).



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Form I.D. Number: 044.0

Date: _____ Job Site Address: _____

Permit No: _____

Requested Date: _____ **Specify Day:** _____ **Time Requested:** _____

Inspection Requested: (Must submit one form per inspection requested)

(Please check applicable trade, indicate inspection type, inspection code (if available)
and permit number (if different than master)

Structural

Plumbing

Electrical

Mechanical

Fire

Inspection Type: _____ Inspection Code: _____

Special Instructions: _____

(*Required Information)

*Contractor: _____

*Contact Name: _____

*Phone Number: _____ *Email: _____

FOR OFFICE USE ONLY

Chief Approval: _____ Inspector Assigned: _____

Minimum Overtime Hours: _____ Min. Overtime Fee: _____ Date Fee Processed: _____

Total Additional Hours: _____ Additional Hours Fee: _____ Date Fee Processed: _____

Total Overtime Fee Charged: _____ **Process Clerk:** _____



Credit Card Authorization Form

BUILDING DEPARTMENT

Revision Date: 2/12/2020

Form I.D. Number: 026.0

~ PLEASE MAKE COPIES FOR FUTURE USE ~

Visa or MasterCard Only

e-permits@coralsprings.org

Cardholder Name *(As it appears on the card)* _____

Company Name _____

Type of Credit Card **Visa** **MasterCard** **3 Digit Security Code** _____

Credit Card Number _____ Exp. Date _____

Cardholder Address _____
City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax _____ E-mail _____

Print Cardholder's Name _____

I hereby authorize the City of Coral Springs Building Department to charge the credit card listed above in an amount to be determined according to the current City of Coral Springs Building Permit Fee Schedule, as per your application requirements. This charge is payment for fees and/or services and is accepted in good faith by the Building Department. Should I have any questions concerning the credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the Building Department. By signing this authorization, I acknowledge that I am an authorized signatory for the above referenced credit card.

Cardholder's Signature _____ Date _____

Title _____

Permit Number *(Required, if assigned)* _____

Job Description _____

Job Address _____

Re-inspection Fee \$ _____

Re-inspection Date *(optional)* _____

Type of inspection *(required)* _____

Expired Permit Renewal \$ _____

Expedited Plan Review \$ _____

Open/Expired Permit Request \$ _____

Early Start Request \$ _____

Overtime Inspection Request \$ _____

Requested Date: _____

Other (Specify) _____ \$ _____